

PART B—ISSUE FEE TRANSMITTAL

MAILING INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE. Blocks 2 through 6 should be completed where appropriate. All further correspondence including the Issue Fee Receipt, the Patent, advance orders and notification of maintenance fees will be mailed to addressee entered in Block 1 unless you direct otherwise, by: (a) specifying a new correspondence address in Block 3 below; or (b) providing the PTO with a separate "FEE ADDRESS" for maintenance fee notifications with the payment of Issue Fee or thereafter. See reverse for Certificate of Mailing.

1. CORRESPONDENCE ADDRESS	2. INVENTOR(S) ADDRESS CHANGE (Complete only if there is a change)
<p>JAMES E NILLES NILLES & NILLES SUITE 2000 777 EAST WISCONSIN AVENUE MILWAUKEE WI 53202-5345</p> <p>E5M1/0417</p>	INVENTOR'S NAME
	Street Address
	City, State and ZIP Code
	CO-INVENTOR'S NAME
	Street Address
	City, State and ZIP Code
	<input type="checkbox"/> Check if additional changes are on reverse side

SERIES CODE/SERIAL NO.	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT	DATE MAILED
08/445,029	05/19/95	007	SCOTT JR, L	2501 04/17/96
First Named Applicant	BAYON, JEAN-FRANCOIS			
TITLE OF INVENTION	LINEARLY POLARIZED FIBER-OPTIC LASER			

ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEE DUE	DATE DUE
2	372-006,000	W07	UTILITY	NO	\$1250.00	07/17/96

3. Correspondence address change (Complete only if there is a change)	4. For printing on the patent front page, list the names of not more than 3 registered patent attorneys or agents OR, alternatively, the name of a firm having as a member a registered attorney or agent. If no name is listed, no name will be printed.
<p>NILLES & NILLES, S.C. Firststar Center 777 East Wisconsin Avenue, Suite 2000 Milwaukee, Wisconsin 53202</p>	<p>1 Nilles & Nilles, S.C.</p> <p>2</p> <p>3</p>

DO NOT USE THIS SPACE

810 BL 07/26/96 08445039
1 142 1,250.00 CK
1 561 30.00 CK

5. ASSIGNMENT DATA TO BE PRINTED ON THE PATENT (print or type)		6a. The following fees are enclosed:	
(1) NAME OF ASSIGNEE:	France Telecom	<input checked="" type="checkbox"/> Issue Fee	<input checked="" type="checkbox"/> Advance Order - # of Copies 10
(2) ADDRESS: (CITY & STATE OR COUNTRY)	Paris, France	6b. The following fees should be charged to:	
		DEPOSIT ACCOUNT NUMBER 14-1080	
		(ENCLOSE PART C)	
		<input type="checkbox"/> Issue Fee <input type="checkbox"/> Advance Order - # of Copies	
		<input checked="" type="checkbox"/> Any Deficiencies in Enclosed Fees	
		The COMMISSIONER OF PATENTS AND TRADEMARKS is requested to apply the Issue Fee to the application identified above.	
		(Authorized Signature)	(Date)
		James E. Nilles	July 12, 1996
NOTE: The Issue Fee will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the Patent and Trademark Office.			

1. TRANSMIT THIS FORM WITH FEE-CERTIFICATE OF MAILING ON REVERSE